

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579203

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/	/		
2			/	/		
3			/	/		
4			/	/		
5			/	/		
6			/	/		
7			/	/		
8			/	/		
9			/	/		
10			/	/		
11			/	/		
12			/	/		
13			/	/		
14			/	/		
15			/	/		
16			/	/		
17			/	/		
18			/	/		
19			/	/		
20			/	/		
21			/	/		
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38			/	/		
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40			/	/		
41			/	/		
42			/	/		
43			/	/		
44			/	/		
45			/	/		
46			/	/		
47			/	/		
48			/	/		
49			/	/		
50			/	/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/	/		
52			/	/		
53			/	/		
54			/	/		
55			/	/		
56			/	/		
57			/	/		
58			/	/		
59			/	/		
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68			/	/		
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81			/	/		
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86			/	/		
87			/	/		
88			/	/		
89			/	/		
90			/	/		
91			/	/		
92			/	/		
93			/	/		
94			/	/		
95			/	/		
96			/	/		
97			/	/		
98			/	/		
99			/	/		
100			/	/		
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	18	←		←
TOTAL CLAIMS			22			